

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|----------------------------|----------------------------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>mt</i> | <i>18</i> <i>5C 569</i> | <i>3/10/01</i> <i>3/22/01</i> |
| RESPONSE FORMALITY REVIEW | <i>mt</i> | <i>657</i> | <i>5/23/01</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|----------|
| Final Original | |
| 1 | 12/4/00 |
| 2 | 12/17/00 |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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